



**SUMMER ENROLLMENT REGISTRATION PACKET 2019  
12 MONTHS THROUGH 12 YEARS OF AGE**

**Summer Camp Registration Fees  
12 Months thru 12 YEARS OLD \$75.00**

**Summer Camp Tuition Rate for 12 Months thru 23 Months \$145.00  
per week;  $\frac{1}{2}$  day 5 days a week \$72.50**

**Summer Camp Tuition Rate for 2's thru 4's  
\$140.00 per week;  $\frac{1}{2}$  day 5 days a week \$70.00 weekly**  
**Summer Camp Tuition Rate for Kinder thru 12 YEARS OLD \$99.00  
per week**  
**\$35.00 Drop-In fee per day to be paid on the day of drop-in. No  
exceptions. Field trips are done weekly for ages Kinder through 12  
years old.**

**Costs for field trips are paid for by the parents. Trips vary each  
week some examples are: Movies, Putt-Putt, and Bowling.**

For Office Use:  
Date: \_\_\_\_\_  
Registration Paid: \_\_\_\_\_

Enrollment Date: \_\_\_\_\_  
Discharge Date: \_\_\_\_\_

**VICTORIA CHRISTIAN SCHOOL  
SUMMER CAMP ENROLLMENT RECORD 2019  
12 MONTHS THROUGH 12 YEARS OLD  
3310 North Ben Jordan St. Victoria, TX 77901 (361) 573-5345**

Child's name \_\_\_\_\_ Grade level completed \_\_\_\_\_

Child's home address \_\_\_\_\_ Telephone \_\_\_\_\_

City / State / Zip / County \_\_\_\_\_

Sex \_\_\_\_\_ Age \_\_\_\_\_ Date of birth \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Mother's name \_\_\_\_\_ Home phone \_\_\_\_\_

Cell# \_\_\_\_\_ Email \_\_\_\_\_

Home address \_\_\_\_\_  
(if different) street city / state / zip

Occupation \_\_\_\_\_ Employer \_\_\_\_\_ Work phone \_\_\_\_\_

Father's name \_\_\_\_\_ Home phone \_\_\_\_\_

Cell# \_\_\_\_\_ Email \_\_\_\_\_

Home address \_\_\_\_\_  
(if different) street city / state / zip

Occupation \_\_\_\_\_ Employer \_\_\_\_\_  
Work phone \_\_\_\_\_

Parents' marital status: ( ) married ( ) separated ( ) divorced ( ) widowed

If parents are separated or divorced, who has legal custody of the child? \_\_\_\_\_

Church Affiliation: \_\_\_\_\_

How did you hear about Victoria Christian School? \_\_\_\_\_

Reason for selecting Victoria Christian School \_\_\_\_\_

**PERMISSION FOR MEDIA**

I hereby grant my consent to use and license the use of my name or my children's name or likeness whether in still or motion pictures, my photograph, and/or other production, including my voice or my children's voice and features with or without my name or my children's name for any editorial, promotional, trade, advertising, business, or other purpose whatsoever. Victoria Christian School may exercise its right in any way for production, for advertising, and for other purposes.

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Child's Name

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Parent Signature

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Date

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**Victoria Christian School  
Summer Payment Contract 2019**

**\*Name of person responsible for Payment** \_\_\_\_\_

**Driver License Number:** \_\_\_\_\_

**Mailing Address:** \_\_\_\_\_

**City, State, Zip:** \_\_\_\_\_

**Phone:** \_\_\_\_\_ **Cell:** \_\_\_\_\_

**Email:** \_\_\_\_\_

**Registration Fee** \$ \_\_\_\_\_ **X** \_\_\_\_\_ **#of children=** \_\_\_\_\_

<u>Student Name(s)</u>	<u>Grade/Age</u>	<u>Tuition</u>
1. _____	_____	\$ _____
2. _____	_____	\$ _____
3. _____	_____	\$ _____
<b>Total Weekly Tuition due every Monday</b>		<b>\$ _____</b>

**Payment Methods:** \_\_\_Cash \_\_\_Personal Check \_\_\_Credit Card 3% fee

I agree to abide by this payment schedule and will inform the office in writing if changes are to be made to this agreement.

Parents are responsible for their child's full tuition at all times regardless of attendance, including but not limited to holidays, vacations, etc.

Registration fees are nonrefundable.

Two weeks' notice must be given to the office in writing when withdrawing a student.

\_\_\_\_\_  
**\*Signature of Responsible Party** **Date**

**VICTORIA CHRISTIAN SCHOOL  
SECURITY SYSTEM**

**Name of Parent:** \_\_\_\_\_

**Name of Student/Students:** \_\_\_\_\_

**Please provide a four-digit code of your choice that does not start with a zero.**

\_\_\_\_ \_ CODE

**To access the gate, enter the four-digit code and then press the # key.**

**MEDICAL RECORD  
Victoria Christian School**

**A health examination is required of all students admitted to Victoria Christian School.**

**I have examined \_\_\_\_\_  
Student Name Date of Birth**

**And find that he/she is free of infectious and contagious diseases.**

**Please note any allergies or special diets, disabling conditions, physical or mental, affecting the student's participation in group activities.**

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**Physician's Signature**

**Date**

**PLEASE ATTACH A COPY OF THE IMMUNIZATION RECORD  
SIGNED OR STAMPED BY THE PHYSICIAN OR HEALTH CARE  
PROFESSIONAL.**

**Immunizations need to be up to date in order for a student to be admitted to the school.**